

Committee: AUDIT AND REVIEW

Date: 14 November 2023

Report: RISK MANAGEMENT

Purpose of report

1. To propose a revised Risk Management Policy and to provide Members with the opportunity to review the effectiveness of the arrangements for risk management, in line with the Authority's existing (and proposed) Risk Management Policy.

RECOMMENDATION

2. That Members:
 - (a) adopt the revised Risk Management Policy; and
 - (b) agree that the Strategic Risk Register contains all identifiable higher level risks which the Audit & Review Committee requires to be monitored.

Strategic Planning Framework

3. The information and recommendation contained in this report are consistent with the Authority's statutory purposes and its approved strategic planning framework.

Corporate Plan objective 32: 'Operate governance arrangements that are fit for purpose, as reported through the Annual Governance Statement and the Annual Governance Report'.

Background

4. The Authority's Risk Management Policy is scheduled to be reviewed this year, in line with our 5 year review cycle for all policies and strategies. The proposed changes to the policy are light touch because the policy works well. It explains our approach to risk management and through the Risk Registers provides a clear picture of all the corporate processes which help to make sure risks are managed to acceptable levels.
5. The Policy applies a tiered approach involving:
 - a **Strategic Risk Register**, to demonstrate to the Members of this Committee that there is an active process of identifying and managing truly strategic risks;

- an **Operational Risk Register**, designed to hold the details about how each risk and its components are controlled. This also demonstrates to other audiences that we have a detailed but proportionate approach to risk. These 'other audiences' include the external and internal auditors, UNISON and our insurers.

Proposed changes to the Policy

6. The amended policy is attached at **Appendix 1** and changes have been highlighted. The summary of responsibilities has been moved to an appendix of the Policy. The section headings have been numbered and paragraphs have been renumbered.

Risk Management Register - Annual Review

7. The Risk Management Policy states that this Committee should receive an annual report on risk management, to enable it to establish that the arrangements for risk management within the organisation remain appropriate and that the main risks facing the organisation are properly controlled. The chief sources of evidence that would assist in reaching such a conclusion are noted below.
8. The **External Auditor's Opinion**, covering all aspects of the Authority's work on its annual report and accounts (for the auditing cycle examining the accounts for the year ended 31 March 2022) will, as last year, be received later than projected, because of national delays to the audit which Members are aware of (a lack of experienced staff in audit firms serving the local audit sector; Authority activities becoming more complex and commercial in nature; and a greater focus on audit quality risks). The external audit work on these accounts commenced in August, and is substantially complete, but at the time of writing this report confirmation of the results of the North Yorkshire Pension Fund audit for 2021/22 were needed to formally complete the audit of the Authority Accounts. It is likely to conclude with an unqualified opinion on the way in which the Authority conducts and controls its activities.
9. The summary of the **Internal Audits** completed in 2022/23 by our internal auditors was reported to this Committee in April. None of the reports identified significant weaknesses, and the 'level of assurance' over the controls examined was concluded to be 'substantial' (unchanged from the previous year). Whilst these internal audit reports recommended some improvements to the systems operated (which have now been implemented), there were no findings that added to either the Strategic or Operational Risk Registers.
10. The **Strategic Risk Register** is attached at **Appendix 2**, and has been reviewed by SMT to ensure that it remains valid. No new strategic risks have been identified in the past year.
11. The **Operational Risk Register** is attached at **Appendix 3**. This was reviewed and updated by SMT in June 2023 and a new risk was added to risk no 5 regarding the failure to perform timely external audits and to produce timely Statement of Accounts leading to miss-statements, potential errors, emissions or fraud together with planned counter measures. The Operational Risk Register has been updated again

following its review by SMT in October 2023. Whilst no new classes of risk have been identified, a small number of changes have been made to update progress on risk management actions planned for 2023/24 that are now underway.

Conclusion

12. Risk management processes are continuing to be further embedded within the Authority's work:
 - The Senior Management Team has undertaken their periodic reviews of the Operational Risk Register (in line with the Risk Management Policy);
 - Scheduled meetings are taking place with our insurance advisers, to make sure that we identify new risks as they emerge.

Clare Burrows
Director of Corporate Services
18 October 2023



Risk Management Policy

Document Status	
Date adopted	14 November 2023
Adopted by	Audit & Review Committee
Lead Officer	Director of Corporate Services
Date of next full review	November 2028

1. INTRODUCTION

- 1.1 The Yorkshire Dales National Park Authority is committed to an effective process of business risk management, and has a requirement to maintain and keep under review adequate arrangements for managing those risks which threaten the Authority's ability to deliver services in the most efficient, effective and economic way, and to achieve value for money. The Authority requires a process for identifying, analysing and managing risks to the organisation or its resources.
- 1.2 The purpose of risk management is to increase the likelihood that the Authority will achieve its objectives, as set out in the Corporate Plan, whilst avoiding financial loss, damage to reputation, or prejudice to continued effective service provision. This involves:
- identifying risks;
 - evaluating exposure to the risks identified;
 - assessing the control measures in place to deal with those risks; and
 - managing risk in a planned way.
- 1.3 Ultimately, risk management is the responsibility of the Chief Executive and of the whole Membership of the Authority, who have a collective responsibility to maintain a sound system of internal control that supports the achievement of the Authority's policies, aims and objectives, and to exercise strong stewardship to safeguard public funds and assets. Each year the Chief Executive and the Chair are required to make an Annual Governance Statement, which forms part of the public reporting process alongside the annual accounts. The Audit & Review Committee also has a key role in risk management.

2. RISK MANAGEMENT PRINCIPLES

- 2.1 This policy outlines the key aspects of the risk management process, which are:
- Roles and responsibilities;
 - Risk registers and the risk management process
 - Risk identification and evaluation;
 - Recording and monitoring;
 - Awareness and training; and
 - Effectiveness.
- 2.2 Risk management must operate throughout the organisation, and be embedded in processes including business planning, target setting, performance management and staff appraisal. The extent to which this is achieved will be monitored under the evaluation arrangements described in this policy.
- 2.3 All reports to the Authority or its committees will include a section which summarises the main risks associated with the subject matter of the report, but only where a specific and particular material risk is associated with the subject of that report.

- 2.4 The objective of risk management is not to totally eliminate risk, but to reduce it to an acceptable and cost effective level. The management of any particular risk may include acceptance, reduction, elimination or transfer of the risk. The appropriate solution is arrived at by the application of the manager's knowledge and expertise, and by determining the level of risk which is acceptable to the Authority in relation to meeting its business objectives. The Chief Executive and Members should be comfortable that their assessment of acceptable residual risk aligns with the manager's evaluation, whenever a risk assessment is included within a committee report.
- 2.5 The evaluation of controls by managers is supplemented by a number of assurance processes which give independent feedback upon the effectiveness of the internal control environment, including:
- External Audit (provided by EY and Mazars);
 - Internal Audit (provided by Veritau Ltd);
 - the Audit & Review Committee;
 - Inspections relating to various health and safety matters;
 - Investors in People and Customer Service Excellence accreditations.

3. ROLES AND RESPONSIBILITIES

- 3.1 Lead responsibility for risk management sits with the Authority.
- 3.2 The Authority has delegated to the Audit & Review Committee specific roles in relation to the monitoring and review of the effectiveness of the system of internal controls. The Committee has been designated as a forum to review the adequacy of the arrangements for corporate governance and risk management. The Committee also considers the annual internal and external audit plans (and audit reports deriving from these), and seeks to ensure that they constitute an adequate programme to address the main risks facing the organisation.
- 3.3 The Director of Corporate Services is designated as the senior officer who will lead on issues of corporate governance and risk management, providing advice to minimise risks and coordinating these key corporate processes.
- 3.4 The Senior Management Team (SMT) is responsible for implementing this policy, and in particular for:
- compiling and maintaining the Authority's Operational Risk Register;
 - identifying and evaluating new risks;
 - encouraging good practice and a culture of risk management.
- 3.5 Line Managers have a vital role to play, in identifying and managing risks within their sphere of responsibility, and in contributing to the process of risk management for the organisation as a whole.
- 3.6 Officers providing 'front line' services to the public need to be aware of the risk management approach at an operational level, so that they can contribute their own ideas and experience to identifying and managing risk.

3.7 A summary of roles and responsibilities is set out in **Appendix 1**.

4. RISK REGISTERS AND THE RISK MANAGEMENT PROCESS

4.1 Risk registers provide a structured approach to:

- identifying the risks that may stop the Authority from achieving its objectives;
- assessing the probability and impact of those risks;
- agreeing preventative or remedial actions to ensure that such risks are reduced to an acceptable level.

4.2 Risk registers help officers to understand the concepts around risk management and to see the links to service delivery. They also provide a focus for managers to discuss their concerns in delivering service objectives and how specific risks can be overcome.

4.3 The Authority's Risk Management process is structured in a way that demonstrates:

- to Audit & Review Committee members that we have an active process for identifying and managing 'higher level' or strategic risks (a **Strategic Risk Register**).
- to other 'specialist' audiences (e.g. our insurance brokers, concerning insurable risks; UNISON, concerning health and safety risks that might affect their members), that we have a detailed but appropriate approach to the various components of risk (an **Operational Risk Register**; which records the specific detail about the controls we apply).
- to our auditors and other external audiences, that we have a comprehensive approach.

5. RISK IDENTIFICATION AND EVALUATION

5.1 The responsibility for identifying risks has been described above. All identified risks are scored against the likelihood of their materialising and for their impact if they were to materialise. These parameters combine to give a ranking for each risk, ranging from 'Very Severe' to 'Manageable'; the scoring process is explained in more detail within the Risk Registers.

6. RECORDING AND MONITORING

6.1 The Strategic and Operational Risk Registers will be maintained by the Director of Corporate Services and will be kept up to date by SMT.

6.2 Where it is identified that existing controls are insufficient to manage a particular risk to an acceptable level, an action plan for addressing that risk will be prepared. This will identify the manager responsible for this action, a date for completion of that action and a date for review of the risk.

6.3 SMT will review the risk registers at least annually and also whenever events require. Such events will include any major issues that have arisen since the last review,

including any relevant findings from performance improvement or major project reviews. SMT will consider whether risks should be added to, or removed from, the risk register, or whether their classification, in relation to impact and/or likelihood, should be changed. The Operational Risk Register will be maintained as a 'live' document and will be updated by SMT as appropriate.

- 6.4 The Audit & Review Committee will receive an annual report on Risk Management. The Committee may, at any time, decide that a special report or particular recommendations of the Committee require the Authority's attention.

7. AWARENESS AND TRAINING

- 7.1 This policy is accessible to all Authority Members and to all employees of the Authority. The Authority is committed to a process of raising awareness in this area, and requires that all managers ensure that all officers have an appropriate understanding of this policy.

8. EFFECTIVENESS

- 8.1 The Audit & Review Committee will, on an annual basis (at their autumn meeting), evaluate the effectiveness of the arrangements for risk management. This evaluation will be based on a report to the Committee by the Director of Corporate Services, which will cover the following issues:

- the latest Annual Governance Statement, and any issues arising from it;
- whether Audit and Inspection reports received since the last annual evaluation highlight any particular weaknesses;
- any major incidents which have occurred since the last evaluation;
- any developments in good practice in this area;
- the extent to which risk management is embedded in organisational processes;
- the current Strategic Risk Register.

Appendix 1**SUMMARY OF RESPONSIBILITIES****The Authority will:**

- determine the annual Corporate Action Plan, taking account of the key risks to the Authority's priorities;
- receive an annual report in relation to the adequacy of risk management arrangements, as part of the Annual Governance Statement;
- consider appropriate risk assessments in relation to items of business coming before it.

The Audit & Review Committee will:

- approve and keep up to date this Risk Management Policy;
- understand the main risks facing the organisation, and satisfy itself that those risks are controlled appropriately;
- review the adequacy of arrangements for risk management within the organisation;
- consider the annual external and internal audit plans, to ensure that there is an adequate programme which addresses the main risks facing the organisation which it is the Authority's power to control;
- make periodic reports to the Authority, as and when appropriate, upon the status of the internal control environment.

The Chief Executive will:

- publish an Annual Governance Statement, summarising the effectiveness of the Authority's internal controls, and state how this is underpinned through the process of identifying objectives and their key risks;
- provide leadership in relation to the implementation of this policy;
- ensure that SMT takes responsibility for implementing this policy, and plays its role in relation to the compilation and maintenance of the Strategic Risk and Operational Risk Registers.

The Director of Corporate Services will:

- lead on the process of risk management within the organisation as a whole;
- maintain the Strategic and Operational Risk Registers;
- report to the Audit & Review Committee upon the changing status of risks and the controls adopted, as appropriate;
- present an annual evaluation report to the Audit & Review Committee;
- as directed by SMT, seek to raise awareness and provide training to improve the understanding of risk management within the organisation.

The Senior Management Team will:

- take responsibility for managing specific risks – as allocated by the Strategic Risk Register – including developing and implementing action plans;

- collectively implement this policy, and take decisions on the identification and analysis of strategic and operational risks;
- encourage good practice and a culture of risk management at all levels of the organisation;
- set objectives and targets for their staff in the light of significant risks;
- individually, provide a link between SMT and line managers, to ensure that there is a two-way flow of information and experience;
- ensure that detailed operational risks are covered as a matter of routine by officers responsible for the areas of work such risks affect, including, where appropriate, through the maintenance of simple risk registers. This will be a routine process for 'corporate' functions (IT, Finance, Property, HR, Communications and Legal services), as failures in these services have the potential to damage the whole Authority.

All Line Managers will:

- where appropriate, maintain a simple risk register in relation to their areas of responsibility, for example for certain large or complex projects;
- discuss the risks affecting their service with the officers concerned as a matter of routine, and identify appropriate actions to manage down operational risks;
- feed ideas and information to their managers on risk issues.

All frontline staff will:

- identify risks to their everyday work, and report on these to their line manager;
- report to their line manager on any risk-related targets set for them.

Strategic Risk Register

This register records the 'higher level' or strategic risks facing the Authority and identifies who is responsible for managing them. Full details of how each risk is managed are set out in the Operational Risk Register.

Category of Risk	Description	Risk Assessment (see explanation, below table)	Owner	Entry on Operational Risk Register
Strategic & Commercial risks				
1. Reputation damage	Damage that undermines relationships with key partners, sponsors or the workforce, to the extent that the Authority's objectives become undeliverable.	Manageable	Members / CEO	1
2. Partnerships	Failure to achieve objectives in an efficient / effective / economic manner or to identify joint liabilities.	Material	Members / CEO	2
Economic & Financial risks				
3. Failure of Defra Grant	Further significant cut (>5%) in Defra core grant, necessitating additional operational cut-backs.	Severe	CEO/ SMT	4
4. Other Funding Risks	Failure (i.e. absence or shortfall) of External 'Grant' Funding; Ineffective partnership with YDMT and FLD; Bad Debts; Shortfalls in earned income.	Severe	CEO/ SMT	4
Organisational management & human factors				
5. Loss of Key Staff	Inability to deliver corporate objectives or to maintain services at agreed / accepted levels.	Material	CEO/ SMT	15
6. Health & Safety	Risk to staff, Members, volunteers and the public where proper procedures are not followed.	Material	CEO/ Directors/ Section Heads	17
Political and societal factors				
7. Public liability	Professional advice (e.g. planning, agricultural-related) given proves to be inadequate, leaving the Authority with significant exposure. Also, public liability in relation to works undertaken by the Authority that provides services or recreational opportunities.	Manageable	MO/ DoCS	11
Technical and operational risks				
8. Loss of IT system and records	Arising through either failure of communication network, or systematic failure of server environment, or of the maintenance capacity of either; leads to inability of Authority to operate. Data Protection failure.	Severe	HoFR/ Snr IT Officer	26

Explanation of Risk Assessment and Evaluation

All identified risks are scored against the likelihood of their materialising and for their impact if they did materialise. The following three tables describe this scoring system:

Table 1 identifies the ‘likelihood’ criteria, **Table 2** the ‘impact’ characteristics, and **Table 3** combines these two factors to give an overall classification ranging from ‘Very Severe’ to ‘Manageable’.

Table 1

Risk Likelihood Ratings	
Probability	Criteria
Small	0-5% (extremely unlikely to occur)
Low	6-20% (unlikely but not impossible to occur)
Medium	21-50% (fairly likely to occur)
High	51-80% (more likely to occur than not)
Very High	>80% (almost certain to occur)

Table 2

Risk Impact Ratings	
Probability	Characteristics
Small	Minimal loss, delay, inconvenience or interruption. Easily and quickly resolved
Low	Minor loss, delay, inconvenience or interruption. Short to medium term effect
Medium	Significant waste of time and resources. Impact on operational efficiency, output and quality. Medium term effect which may be expensive to recover
High	Major impact on costs and objectives. Serious impact on output and/or quality and reputation. Medium to long-term effect and expensive to recover.
Very High	Critical impact on the achievement of objectives and overall performance. Huge impact on costs and/or reputation. Very difficult and possibly long-term to recover

Table 3

Impact	VH					
	H					Very Severe Risk
	M				Severe Risk	
	L			Material Risk		
	S		Manageable risk			
		S	L	M	H	VH
		Likelihood				

Table 3 identifies four classes of risk:

- **Very Severe Risks** are those which cause most concern: their materialisation would have a potentially disastrous impact on the Authority’s reputation or business continuity; immediate and comprehensive action would be required.

- **Severe** Risks are also of significant concern, and should be covered by contingency plans: their materialisation would be severe but not disastrous, and some immediate action would be required, along with the development of an appropriate action plan.
- **Material** Risks have consequences that are not severe and which can be managed by contingency plans and more detailed action plans which can be developed later. But such risks still need regular monitoring.
- **Manageable** Risks are those that are inherent in most activities; the consequences of their materialising are generally not important enough to affect the whole business, and they can be managed during delivery. The status of such risks will be reviewed periodically.

The scoring of particular risks is the responsibility of SMT, subject to any advice from the Audit & Review Committee. In determining the likelihood of a risk occurring, all factors, including existing control mechanisms, will be taken into account.

Operational Risk Management Register (updated 18 October 2023)

The register lists all identified risks facing the Authority, whether strategic (key) risks and their components or the much larger population of lesser risks that we deal with on a day to day basis. It also describes the counter measures (taken or planned) for dealing with these risks.

[Proximity = time frame for risk, e.g. long term, on-going, specific milestone]

No	RISK		Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	COUNTER MEASURES		Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
	Risk description	Risk owner		Taken (including current controls)	Planned		
	Political/ Strategic / Commercial						
1	<p>Reputation damage. Identified matters include:</p> <p>Members failing to take collective ownership for decisions the NPA makes, and public comments made by Members that run counter to Authority policy; failure to develop or implement appropriate policies.</p> <p>Involvement in national initiatives (e.g. National Parks Partnership).</p> <p>Reputational risk associated with illegal release (including by hackers etc.) of personal</p>	Members (esp. Chair) CEO	Manageable (L/M)	<p>Declarations / registers of Personal Interests (including officers); employment clauses; statutory Officers; training and recruitment procedures; media training for CEO, Directors, Chair, Deputy Chair and Member Champions, ; Member Code of Conduct; Member Officer Protocol, Social Media Protocol for Members, Duties and Responsibilities of Members, job descriptions for Member Champions and Chairs (delivery of Member training programme for 2022/23), Complaints procedure and policy: reviewed /updated Feb 22; Standards Committee; Employee Code of Conduct; Communications Team; corporate Media Procedure & Protocol; Equality Awareness Training; Customer Service Excellence Award . Annual related-parties transactions questionnaire. Planning Code of Good Practice.</p> <p>Bi-monthly monitoring of media activity, SMT;</p>	<p>Provide the agreed programme of Member training for 2023/24</p> <p>Review the Code of Conduct for Members (AP32.3; Dec)</p> <p>Completion of open, Member-led Local Plan process, including; Member Working Group to assess preferred allocated housing sites and new development boundaries (AP 27.6; Sept); Publish the “final publication” version of the draft Local Plan for public consultation (AP 27.9; Mar)</p> <p>Ensuring that the NPA develops effective working partnership arrangements with the new Unitary</p>	Manageable (L/L)	<p>Long term</p> <p>Specific</p>

No	RISK		COUNTER MEASURES				Proximity
	Risk description	Risk owner	Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	Taken (including current controls)	Planned	Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	
	<p>information.</p> <p>'Lost opportunity' from poorly communicating the Authority's performance and / or position.</p> <p>FiPL: unable to honour commitments entered into with farmers and other landowners, or – more broadly – inability to use all funding made available (see Section 4, 'Funding Risks', for more details).</p> <p>Hawes Garsdale multi-user route. Expectation raised following consultation that the YDNPA will be implementing this, but overall sums involved large and beyond YDNPA timescale for legal works (pre-requisite to implementation) is a minimum of 4 years</p>			<p>Social Media Strategy updated Dec 2021; Communications Strategy.</p> <p>Reviewed/updated 'Guidance to staff on declaring personal interests / managing personal conflicts, offers of gifts and hospitality, and carrying out work outside your contract of employment'</p> <p>Successfully completed the annual assessment against the CSE standard</p> <p>Visual Identity Guidelines. Main website reviewed March 2023 to improve user experience.</p> <p>Data protection measures in place (with active review process). CPI Compliance and Data Protection Policy (reviewed May 2021). 'Politically restricted posts', reviewed 2021</p> <p>Annual reporting of Complaints and Compliments. Planning Training for Members, April and Oct. 2022; Risk Management Training, July 2021.</p> <p>Full reassessment against the Customer Service Excellence standard, July 2022.</p> <p>Access to Information Statement, revised April 2022</p> <p>NPE Standing Orders and Comms Unit review completed June 2023.</p> <p>Discussions underway along the Hawes Garsdale route with Railway Paths Ltd regarding liability for</p>	<p>bodies operating across Local Government. Particularly necessary in relation to the Hawes Garsdale multi-user route and legal work required</p> <p>Land Agent appointed and legal costs agreed, and costed plan for implementation being drawn up (April 2024)</p>		

RISK		COUNTER MEASURES					
No	Risk description	Risk owner	Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	Taken (including current controls)	Planned	Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
				large structures, and landowners, to understand level of agreement and compensation payable.			
2	<p>Partnerships: failure to achieve objectives or to identify joint liabilities (includes poor costing, lack of focus and accountability, and failure of key partners).</p> <p>Other bodies may withdraw from partnerships because of their own financial pressures / budget cuts.</p> <p>National Trails Partnership: failure to agree continuation of funding levels and how funding distributed, and/or match funding required (25%) isn't secured.</p> <p>Impact of reorganisation of local government in Cumbria and North Yorkshire, on partnerships involving predecessor bodies</p>	Members (esp. Chair) CEO	Material (M/M)	<p>Management processes; insurance cover; Authority scrutiny. Re-evaluation of involvement with partnerships every two years. Member Champion participation and feedback on partnership activity. NPMP produced by steering group that includes all key 'delivery bodies that operate in the Park, thus ensuring buy-in. Steering Group also monitors progress on objectives, and produces annual report to the NPA; Light touch review of NPMP objectives (Nov 2021).</p> <p>Memorandum of Understanding with YDMT; effectiveness of partnership reviewed each year.</p> <p>Westmorland Dales project partnership management includes YDNPA officers. NLHF are flexible with schemes, if there is a problem with partner match funding, outputs are adjusted accordingly.</p> <p>Tees-Swale Project Board includes YDNPA officer, and meets regularly to review progress against targets. Project plan being adjusted with agreement of NLHF as a result.</p> <p>Monitoring of partnerships. Review of Governance arrangements for partnerships to ensure that proportionate arrangements are in place (Feb 22)</p> <p>Completed the annual progress reports on 2019-</p>	<p>Act as lead Authority for the Pennine Way and Pennine Bridleway National Trails Partnership and administer the grant system (AP15.3; Mar)</p> <p>Working with Natural England to establish the Coast to Coast as a National Trail</p> <p>A partnership with Forest of Bowland AONB, YDMT and other partners for an area scheme (Three Counties – Lune Valley) and application for NHLF Stage 1 funding submitted. If bid successful, Authority to act as Accountable Body for the Stage 2 delivery stage (Dec 2025).</p> <p>Direct and regular engagement with lead project management partner (Friends of the Lake District) for Westmorland Dales scheme. Act as accountable body for the Partnership and complete financial sign off (AP3.7; Dec) Ongoing project-specific risk management plan in place. On target for completion of scheme (Feb 2024).</p> <p>Partnerships involving re-organised local authority services will be kept</p>	Manageable (L/L)	Long Term

No	RISK			COUNTER MEASURES		Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
	Risk description	Risk owner	Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	Taken (including current controls)	Planned		
				24 NPMP. Senior Management Team inaugural meeting with Westmorland and Furness Council in September 2023.	under review (action arising from review of partnerships completed in Feb 2022). Develop relationships with the new Unitary Authorities, to ensure the NPA is best placed to deliver its objectives, and contribute to partner objectives where appropriate		
3	Landscapes Review: residual uncertainty regarding the Government's response to the Landscapes Review.	Members/ CEO	Material (M/M)	Members noted the Government's proposals at the meeting of the Authority on 29 March 2022 and agreed their response. With Defra approval, development of the next NPMP has been put on hold until the legislative position becomes a bit clearer.	Engage with Defra, through NPE, on proposals as they affect YDNPA Commence review of NPMP once new national requirements have become clear.	Manageable (L/L)	Ongoing
	Economic / Financial						
4	Funding and Budgeting Risks: Cuts to Defra grant and other external funding; YDMT; bad debts; Inflation and other cost increases; Earned income shortfalls; failure to realise full value from asset disposals. (Note: although we currently have some apparent certainty over our Defra core grant - a 'flat' settlement over the 3 years to March 2025 Defra is now directing the spend of its grant e.g. FiPL, creating challenges for those services which rely on core	CEO / SMT S/Heads	Severe (H/M)	External funding spending plans (including staffing) are matched against grants as they become available (limited reliance on other grants for core operations). Pipeline of external funding projects in continuous development; reviewed quarterly and reported to Finance and Resources Committee. YDMT: joint working monitored through liaison meetings (MoU now in place with YDMT for fundraising); NPP. Few commercial debtors, so minimal exposure. <u>General controls:</u> Partnership liaison; budgetary control and reporting (incl. to Senior Management and F&R Committee). Budget setting (especially	External Audit opinion, covering controls: annual objective is for unqualified report (F&R Committee, Sept 2023 for 21/22 accounts and Sept 2024 for 22/23 accounts) (delayed by late start to external audit). We will raise the issue of the format of the Core Grant and lack of inflationary increase with Defra, as opportunities arise Monitor loan arrangements that support programme delivery (Broadband for the Rural North) (AP 30.5; Mar)	Severe (M/M)	Ongoing Annual

No	RISK		COUNTER MEASURES				
	Risk description	Risk owner	Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	Taken (including current controls)	Planned	Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
	<p>funding.</p> <p>Defra’s contracting process (for both the core grant and FiPL) is late’ each year, which means that we are paying for work before any grant payment can be made.</p> <p>The core Grant Funding Agreement is designed for project grant, rather than a revenue support grant, and isn’t fit for purpose</p> <p>With the increasing volumes of grant work, there is risk of failing to evidence sums claimed (risk of repayment / funding loss)</p> <p>Reliance on external funding has increased with decision to accept increased staff costs of up to ~55% of gross expenditure.</p> <p>Losing staff through budget cuts, which reduces the remaining staff’s capacity to develop projects and find new income</p> <p>The FiPL programme places significant time pressure on</p>			<p>long-term) and monitoring process. Staff and other costs management and review process in place, integrated with annual budget process.</p> <p>Updated Income Generation Strategy produced in December 2022.</p> <p>We maintain sufficient cash holdings to cover the timing shortfall between the start of the financial year and the point at which Defra pays the first tranche of the core and FiPL grants (which should be ‘funding in advance’). A watching brief needs to be maintained in the cash position, to predict any problem that might emerge.</p> <p>Ongoing review of Reserves and the Medium Term Funding Strategy; ensures that Reserves are appropriate to meet contingencies and support planned work which extends beyond any one financial year.</p> <p>New Income Generation Strategy approved by Finance and Resources Committee in February 2023.</p> <p>With additional funding from Defra, FiPL team has been increased. Now over-committing (by c10%</p>	<p>Identify alternative employment opportunities at the end of short term and other contracts where pension strain is a possibility.</p> <p>Cultural shift – placing a greater emphasis on income generation and the way we manage and resource our work programmes and core costs.</p>		

No	RISK		COUNTER MEASURES				Target risk, post counter measures (see explanation, below table)	Proximity
	Risk description	Risk owner	Risk pre-counter measures (see explanation, below table)	Taken (including current controls)	Planned	[Impact/Likelihood]		
	delivery in order to access the available budget. Inadvertently taking on material pension strain liabilities when recruiting long-term public sector workers to short term contracts.			of budget) to ensure funding spent even if some projects fall (covered by underspend on other budget lines).				
5	Failure in financial management (controls, recording, reporting); errors in budgeting; investment loss; working capital inadequacy. Risk of change in Finance Team personnel; operational failure of Payroll. Failure to perform timely	Members / DoCS	Manageable (L/L)	(i) Working capital / cash flow can be adjusted by flexibility in the draw-down of Defra grant. (ii) Treasury Management policy is risk averse re: investments. (iii) For new finance staff, there is a documented hand-over and induction, plus probationary review. (iv) Internal audit monitoring. <u>General controls:</u> budgeting and monitoring process; professionally qualified staff and experienced Members; Financial Regulations; External Audit; Defra reporting; Three-year budget (subject to annual re-setting). Annual Governance Statement (April); Unqualified [external] Audit Opinion (September, in 'normal' year). Payment Card Industry Data Security Standard: compliance in place. Internal Audit Annual Opinion of overall controls, conclusion: substantial level of assurance, (April 2023). Revised and restructured the internal financial reporting process (July 2021). A contingency reserve of 10% of budget is held. Draft accounts for both years have been prepared by the Head of Finance. Both sets of accounts	Maintain current controls. Produce the three-year Medium Term Financial Strategy for 2024/25 to 2026/27 (AP:30.4; Mar) Achieve an unqualified external audit opinion for the delayed 2021/22 audit (AP32.4; Dec) Produce the Statutory Accounts for 2022/23 and achieve an unqualified external audit opinion (AP32.5; Mar) Act as accountable body for the Westmorland Dales Landscape Partnership and complete financial sign off. Complete the Annual Governance Report (AP32.1; Nov) and publish the Annual Governance Statement (AP32.6; Mar)	Manageable (L/S)	Ongoing	

No	RISK		COUNTER MEASURES				Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
	Risk description	Risk owner	Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	Taken (including current controls)	Planned			
	external audits, and to produce timely Statement of Accounts leading to miss-statements, potential errors, emissions or fraud.			are published on the website, and have been presented to Finance & Resources Committee for scrutiny. This does not replace the scrutiny and testing which takes place during an external audit but every attempt to bring forward to the delayed audits were unsuccessful due to a national shortage of Local Government Auditors. The 21/22 audit is substantially complete, but confirmation of the results of the North Yorkshire Pension Fund audit for 2021/22 are needed to formally complete the audit of the Authority's Accounts.	once the prior year is completed. CIPFA are working along with the PSAA and Local Government Auditing firms to find a solution to decrease the backlog in Local Government Audits.			
6	Failure to comply with financial standards	DoCS	Manageable (L/L)	Professional officers, including Accountant and MO / Solicitor, to identify / interpret new legislation; Annual Governance Statement; input from in-house Treasurer, Members, Internal and External Audit. Oversight by Members, including those with directly relevant experience. Revision completed of the full suite of Treasury Management reports, including the Treasury Management Strategy, in line with CIPFA's new Prudential Code and Treasury Management regulations		Manageable (L/S)	Ongoing	
7	Pension Scheme: risk of mismanagement or runaway contribution costs. Failure to adhere to auto-enrolment rules, and subsequent fine (re: auto-enrolment on appointment and on the 3-year anniversary).	Members/ DoCS	Manageable (L/L)	<u>Controls:</u> Contracted-in to North Yorkshire LGPS, with contribution rates set by third party actuarial valuation. Risk assessment, and identification of counter measures, is integral to the scheme's funding strategy. Auto-enrolment procedures in place, controlled by Head of HR and Payroll Clerk. Maintain Pension Discretions Policy and related		Manageable (L/S)	Current / Ongoing	

No	RISK		Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	COUNTER MEASURES		Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
	Risk description	Risk owner		Taken (including current controls)	Planned		
	Changes to LGPS rules (Nov 2021): contribution rates may be directed to be increased outside the triennial revaluation process, where an organisation undergoes a material downsizing or reorganisation of its workforce, in order to ensure the long-term viability of that organisation's net Pension position.			<p>policies.</p> <p>Triennial review of the Pension Scheme has been completed. Employer contribution rate set does not exceed that already allowed for within the budget/MTFS.</p>			
8	Fraud, Corruption and Theft (including expenses and collusive supplier fraud).	MO/ DoCS	Manageable (L/L)	<p><u>Controls:</u> Internal Audit (including annual audit of expenses); Treasurer role; Financial Regulations and accounting processes, including budget monitoring and managerial control; Guidance to staff on declaring personal interests / managing personal conflicts, offers of gifts and hospitality, and carrying out work outside the contract of employment (updated April 2022); Gifts & Hospitality register; Employee and Member Codes of Conduct; Anti-Fraud, Bribery & Corruption Policy; prescription and separation of duties, including Scheme of Delegation; Confidential Reporting (Whistle-blowing) Policy. Identity checks to constrain recruitment fraud. Asset register reviewed annually; car park cash collection contract; alarm facilities and contracts; Insurance. Reference checking for new employees, and in relation to procurement activity (where appropriate).</p> <p>Anti-Fraud, Bribery and Corruption Policy updated</p>		Manageable (L/S)	Ongoing

No	RISK		COUNTER MEASURES				Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
	Risk description	Risk owner	Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	Taken (including current controls)	Planned			
				September 2022. Confidential Reporting Policy updated December 2022.				
	Legal and regulatory							
9	Members, or officers under delegation, make an illegal or inappropriate decision.	Members / MO/DMO	Manageable (L/L)	<p><u>Controls:</u> Member training and induction; Senior Officer guidance; External Audit; officer professional training / competence; Member experience; quality of officer reporting; Corporate Governance framework; Guidance to officers about the information Members need to support decision making.</p> <p>Requirements of the Data Transparency Code, Openness of Local Government Bodies Regulations.</p> <p>New Members receive appropriate training and induction.</p> <p>Annual review of Local Governance arrangements (Local Code of Corporate Governance).</p> <p>Scheme of Delegation.</p>	<p>Corporate governance work initiated through preparation of Annual Governance Statement (published as part of Annual Accounts in July) and Annual Governance report.</p> <p>Produce an Annual Governance Report to include a review of the Local Code of Corporate Governance.</p>	Manageable (L/S)	Ongoing	
10	Contracting failure (failure to complete contract, either because contractor not competent, or failure of their business)	S/Heads/ MO	Material (M/M)	<p><u>Controls:</u> Financial Regulations. Procurement advice from Director of Corporate Services and Finance Team (Procurement training for budget managers completed 2021 and 2023). Project management framework. Procurement Strategy and Procurement Manual; Internal Audit of Procurement. Active contract management. For construction contracts, maintain final retention payment until end of defects liability period.</p> <p>Procurement Strategy reviewed March 2022</p>		Manageable (L/L)	Specific and Ongoing	

No	RISK		Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	COUNTER MEASURES		Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
	Risk description	Risk owner		Taken (including current controls)	Planned		
				Procurement of the Authority's next external audit contract completed in December 2022.			
11	Public liability. Risks to public whilst on our property or property we maintain (including PRow under delegation agreements); or taking part in NPA-run activities; negligence / breach of statutory duty; corporate manslaughter.	Directors / MO/S/Heads	Material (M/M)	Facilities management and other maintenance work; third party liability insurance (and requirement that our contractors have this too); risk assessments for planned work, National Park Centres and Dales Countryside Museum and Car Parks. 'Safeguarding' policy (on protection of people from vulnerable groups). Accident monitoring. H&S Procedures (including CDM). Annual review of Public Liability insurance cover requirements in light of legal caseload. Insurance re-procurement, 3+ years contract across all insurance requirements; process completed Feb 2022 Training on occupiers' liability for key staff by our insurers	Risk assessments kept under review and inspection processes updated in the light of claims. Insurance requirements are being kept under review, and will continue to be adjusted for increases in personnel / premises/ vehicles/ turnover, as required.	Manageable (L/L)	Ongoing
12	Risk of judicial review following failure to operate adequate processes (e.g. public consultations).	MO	Material (M/M)	Senior officer guidance, legal advice; Standing Orders; Financial Regulations; guidance on the roles of Members; advice to Members of the Planning Committee; written reports covering relevant issues. Complaints procedure (including process of referrals to Ombudsman) Enforcement Policy and Development Management Charter reviewed and updated in December 2022.	Maintain current processes.	Manageable (L/L)	Ongoing

No	RISK		Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	COUNTER MEASURES		Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
	Risk description	Risk owner		Taken (including current controls)	Planned		
				Reviewed the Authority's processes for reporting planning decisions following a failure to record a comment from a consultee. Planning software system amended to ensure that the number of responses are always recorded and provides a prompt for the report author to address the responses in the report.			
	Organisational management and human factors						
13	Ineffective management: Failure to complete projects / meet targets; failure to follow agreed Policies and Strategies (procedural, operational and legal risk). The move to Blended Working presents a risk to the quality of the Authority's services.	CEO/ SMT/S/He ads	Material (M/M)	Project management system, reviews of routine processes and for key projects, including performance improvement reviews; monitoring by Committee and SMT (including achievement of objectives and monitoring Performance Indicators, use of the Authority's project management framework). Managed policy / strategy library. Internal Audit and other review processes (including performance Improvement and major project reviews). Annual Review of achievement of Authority objectives (progress review, October; annual review after year-end, in July). Annual appraisal system for all officers (with 360-degree feedback on performance, for senior officers) and a programme of corporate training for staff; Confidential Reporting Policy. Lessons learnt from Projects: formal reviews each year. Employee Code of Conduct.	Specific risk assessments maintained for major 'standalone' projects: includes Westmorland Dales Landscape Partnership (risk management for this project is reviewed regularly). Provide all Senior Managers with bespoke training on Project Management Project and programme reviews planned for 2023 were agreed by A&R Comm in April (Miles without Stiles (AP:9.3; Nov); Visitor Services (AP:29.1; Nov)) Review and update HR policies, including Sickness Absence; Homeworking; Recruitment (AP33.2; Mar)	Manageable (L/L)	Ongoing

RISK		COUNTER MEASURES					
No	Risk description	Risk owner	Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	Taken (including current controls)	Planned	Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
				<p>Retained the Customer Service Excellence standard following the annual re-accreditation process (2022). A full reassessment against the <i>Investors in People</i> standard was undertaken in November, and re-accreditation achieved</p> <p>An internal audit reviewing the implementation of Agile, the Planning IT system, was completed in Jan 2022 and a users' handbook created in July 2022.</p> <p>Blended working was rolled out across the Authority, from a start date of April 2022. Corporate training delivered during 2021/22 included 'Strategic Leadership, 'Managing Remotely' and 'Effective use of videoconferencing'</p> <p>Published a detailed assessment of the Authority's performance in 2022/23</p> <p>The Authority is maintaining the implementation of the IIP Action Plan.</p>			
14	<p>Staffing (incl. Volunteer) Resources Recruitment risk/difficulties.</p> <p>Staffing insufficient for planned activity levels (especially in the light of surge in demand for land management expertise associated with national climate change mitigation</p>	CEO/ SMT/S/He ads	Manageable (L/M)	<p>Recruitment processes, including pre-employment health screening; psychometric testing; 'Preventing Illegal Working'. Disclosure and Barring Service checks where critical / permissible; employment references. Training updates on recruitment to all staff involved in the recruitment process. Monitoring of recruitment (including equality). Benchmarking policy for salaries.</p> <p>Volunteers' competencies matrix revised</p>	<p>Ensure that funding bids make proper allowance for required resources (rather than assumption that current staff have the capacity to deliver new programmes); this would contribute towards avoiding staff loss caused by workload or associated morale issues.</p> <p>Cultural shift – some roles will need to become more flexible and may require</p>	Manageable (L/L)	Ongoing

RISK		COUNTER MEASURES					
No	Risk description	Risk owner	Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	Taken (including current controls)	Planned	Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
	programmes, FiPL and woodland creation). Links to Funding Risk, issue includes lack of staffing capacity to manage the workload that comes with the new funding.			<p>December 2022 to inform a training plan that ensures volunteers and volunteer supervisors are appropriately trained, skilled and supported to undertake their roles effectively.</p> <p>Evaluation framework for measuring the impact of volunteering activities completed.</p> <p>Managed through budgeting process</p> <p>Now hosting two 'internal' apprenticeships.</p> <p>Annual Report of volunteering activity (F&R Committee, May). Volunteering Strategy reviewed December 2021</p> <p>5-year People Strategy reviewed May 2021, to ensure that we have the skills, experience and knowledge to deliver high quality and efficient services, including through blended working.</p> <p>Clearer and more flexible 'Market Rate Supplement' policy approved by Finance and Resources Committee in May 2023.</p>	working across different disciplines or teams. Issues about perceived 'fairness' of new opportunities, and how this is achieved particularly to stay in line with employment law.		
15	Loss of key staff. Includes contingency planning for 'emergency' scenarios.	CEO/ SMT/S/He ads	Material (L/M)	<p>Appropriate notice clause in employment contracts; developmental training, including management development, offered to staff to provide a degree of succession planning. Use of secondments / 'acting up'; external contracting. Project management notes and recording, to assist hand-over. liP standard.</p> <p>Documentation which describes how to undertake key processes, e.g. Finance Manual, Procurement</p>	Continue to monitor staff turnover, with quarterly reporting to F&R Committee meetings.	Manageable (L/L)	Specific and ongoing

No	RISK		Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	COUNTER MEASURES		Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
	Risk description	Risk owner		Taken (including current controls)	Planned		
				Manual, Part-time staff with some capacity for short-term cover. Recruitment of a pool of casual workers to cover occasional Reception shortfalls also available to provide some admin cover. Recruitment of a pool of casual Information Advisors problematic. Visitor centres close when staff off sick and no casuals available.			
16	Failure to comply with employment and related legislation. Liabilities arising from: harassment, bullying, sexual assault, other violence, discrimination; unfair dismissal.	CEO/MO/ Personnel Manager	Manageable (L/L)	<p>Professionally-qualified HR staff; Monitoring Officer; External Audit; guidance from central and local government; interaction with, and advice from, UNISON; Equality Act Annual Statement of Compliance; Equality, Diversity & Inclusion Working Group; Equality Impact Assessments of key projects and proposals. Availability of in-house and external legal expertise. Anti-harassment and anti-bullying policy.</p> <p>HR policies reviewed in line with the cycle set out in the People Strategy.</p> <p>Equality, diversity and inclusion training for officers and Members, as required.</p> <p>ToR of EDI Working Group updated April 2021.</p>	<p>Maintain current processes.</p> <p>Annual Equality Report, December 2023.</p>	Manageable (S/S)	Ongoing Specific
17	Health & Safety; includes hazardous working (and personal security / lone working).	CEO/ Directors S/Heads	Material (M/L)	Health & Safety procedures and policies, including appropriate training; compulsory risk assessment process; Safety Risk Register (actively maintained) to guard against physical / verbal abuse of staff; Health, Safety and Wellbeing working Group; Corporate Manslaughter Risk Matrix; Annual COSHH (Control of Substances Hazardous to Health) assessment carried out and	<p>Maintain current processes.</p> <p>IOSH training for Senior Management team on H&S and leadership</p> <p>Managers undertaking IOSH managing safely refresher training</p>	Manageable (L/L)	Ongoing

RISK		COUNTER MEASURES					
No	Risk description	Risk owner	Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	Taken (including current controls)	Planned	Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
				<p>register maintained; likewise, property-related H&S assessments maintained; insurance; annual reporting (including accidents) to F&R Committee. External review of Fire Safety, conducted periodically, with action plan for improvements. Buddy procedure for staff and volunteers lone working. Routine external H&S Audit of properties and systems undertaken by North Yorkshire. Areas for improvement added to H&S action plan with person responsible a and date for action to be completed</p> <p>H&S handbook kept under active review to incorporate changes in legislation and learning from near misses and accidents (along with associated risk assessments and the related H&S Strategic Action Plan, updated quarterly); Annual Health, Safety and Wellbeing report (May).</p>	Competency H&S framework for posts reviewed by line managers		
18	'Health' of buildings.	DoCS / Project & Estates Officer	Manageable (L/L)	<p>Regular inspection of properties. Asbestos assessment completed. Premises Management Plan developed to cover all building risks (including methane, DDA, structural and electrical safety; methane, Radon, Fire risk, asbestos, vermin infestation, Legionnaires Disease). 'Review' process to ensure all management plans are active.</p> <p>Buildings being operated in line with latest HSE guidance, concerning the management of Covid-19 risk; risk assessments updated whenever this guidance changes.</p> <p>Costed plans for a fit for purpose Southern ranger</p>	<p>Maintain current processes.</p> <p>Ongoing planned maintenance and refurbishment of public toilets, to an annual cycle set in Property Strategy. Actions include:</p> <p>Install a 'Changing Places' toilet at Grassington (AP 34.7; Mar).</p>	Manageable (L/S)	Ongoing Specific

No	RISK		Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	COUNTER MEASURES		Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
	Risk description	Risk owner		Taken (including current controls)	Planned		
				base were developed in July.			
19	Officer stress and mental well-being.	CEO	Manageable (L/L)	<p>Performance appraisal and management processes; Risk assessments; confidential Occupational Health advice; Employee Assistance Programme (EAP) including counselling service (confidential support service); organisational culture; HR policies including Capability / Improving Performance and Flexible Working; management process for sickness absence. Managing Stress guidelines and HSE Stress Risk Assessment.</p> <p>Overview reporting of Authority-wide sickness levels (quarterly); Mental Health awareness training available for all staff, Managing Mental Health sessions for line managers. Promotion of free and confidential mental health support available through Able Futures. Introduction and promotion of support available from trained internal Mental Health First Aiders.</p> <p>Training on Building Resilience / Awareness, delivered by the Samaritans, June 2022</p>	<p>Maintain current processes.</p> <p>Piloting changes to 'core hours' to help officers with managing work/life-balance. 6-month review, to see if changes should be made permanent programmed for Oct 2023</p>	Manageable (L/S)	Specific
20	Physical risk from attack by a member of the public, in the field and at offices.	CEO/ SMT/S/He ads	Manageable (L/S)	Policies in place for off-site working. De-escalation training provided at NPCs and for Rangers and Planners. Process for notifying officers about potential risks of personal harm when visiting certain sites (Safety Risk Register). Buddy system in place; Lone working risk assessment. Process reviewed and updated, May 2021.	Maintain current processes.	Manageable (S/S)	Specific
21	Industrial Action	CEO	Manageable (L/S)	Relationship with Unison managed through regular Joint Consultative Forum meetings. In early 2022, Unison was supported by the Authority during its drive to recruit employees to join the	Maintain current processes.	Manageable (S/S)	Ongoing

No	RISK		Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	COUNTER MEASURES		Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
	Risk description	Risk owner		Taken (including current controls)	Planned		
				union. Given that the Unison is the body with which the Authority consults on employment matters, a healthy membership is considered to be key for ensuring that Unison is representative of the staff body.			
	Environmental factors / acts of God						
22	Physical damage or deterioration to NPA assets.	DoCS + Directors	Manageable (L/L)	<p><u>Controls</u>: insurance; maintenance work (including dedicated staff and budgets); fire safety reviewed regularly; Emergency maintenance arrangements; IT back up and contingency plans.</p> <p>5-year Property Strategy revised December 2021; flood protection measures at the Dales Countryside Museum completed 2021/22.</p> <p>Replacement of equipment and plant on a rolling cycle</p>	<p>Maintain current processes.</p> <p>Produce an updated climate change adaptation plan, as part of the next National Park Management Plan.</p>	Manageable (L/S)	Ongoing
23	Adverse weather and other events (significant snowfall; inland flooding, moorland fires); impact is also on 'outside' project work, such as Rights of Way; damage to under-maintained bridges, leading to RoW degradation.	DoCS + Directors	Manageable (L/S)	<p>Controls: home working capacity (now significantly enhanced, following introduction of blended working); gritting policy for car parks and annual risk assessments; member of North Yorkshire Wildfire Group.</p> <p>Re; bridges: via discussions with NYCC/CCC (which retains financial responsibility for large bridges).</p> <p>Introduction of MS Teams has reduced need to travel for meetings.</p>	Staff respond appropriately to events; severe weather issues dealt with as they occur.	Manageable (S/S)	Ongoing
24	Carbon emissions	Directors	Manageable (L/L)	Corporate emissions reduction targets and active monitoring; Review of working practices to support reductions in greenhouse gas emissions from	Continue to complete actions identified in the carbon reduction and sustainability action plan.	Manageable (S/S)	Ongoing

No	RISK		Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	COUNTER MEASURES		Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
	Risk description	Risk owner		Taken (including current controls)	Planned		
				office energy use and business travel, completed November 2021. A number of actions in the carbon reduction and sustainability action plan have now been completed including the preparation and research for a move to an electric fleet in 2023/24.	Switch to predominantly electric vehicle fleet in 2024 Employee Voice group to consider how to achieve behavioural changes to some working practices (e.g. car sharing).		
	Technical / operational / infrastructure risks						
25	Loss of integrity of IT systems and records. Far greater reliance now placed on access to videoconferencing (risk of that not functioning effectively).	Head of F&R/Snr IT Officer	Severe (H/M)	Systems capable of independent operation (network resilience); disaster recovery plan. WAN contract designed to provide additional capacity and resilience. 5- year IT Strategy reviewed and updated December 2022 Latest Website redevelopment completed 2021	Annual Reviews of IT functionality by Internal Audit. Carry out a review of the implementation of MS365 (AP34.6; Mar)	Manageable (M/L)	Ongoing
26	Unauthorised access and data security. Risk of cybercrime includes Viruses / hacking / sabotage.	Head of F&R/ Snr IT Officer	Material (M/L)	Firewall and virus control software; password control; back-ups at main server sites. Access control procedures. Encryption processes. Data Protection awareness; Staff declaration of compliance with IT security policies. The move to MS365 (with added mobile security) now complete, providing enhanced protection against unauthorised access. Should we become the victim of a ransomware attack, the ICT disaster recovery procedure (see Business Continuity Plan) would see us rebuilding the system using tape records (a very similar operation to that needed if the building hosting our	Implement two factor security authentication on Authority devices (AP:34.5; Dec)	Manageable (L/L)	Ongoing

RISK		COUNTER MEASURES					
No	Risk description	Risk owner	Risk pre-counter measures (see explanation, below table) [Impact/ Likelihood]	Taken (including current controls)	Planned	Target risk, post counter measures (see explanation, below table) [Impact/ Likelihood]	Proximity
				servers was to burn down). Security software (implemented 2021) for Authority equipment, focusing on support for the move to blended working			